

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Illinois

Case number (if known): _____ Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
AUG 31 2017
JEFFREY P. ALLSTEADT, CLERK
INTAKE 1
☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 7153

OR

9 xx - xx - _____

xxx - xx - _____

OR

9 xx - xx - _____

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known) _____

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

☒ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

☐ I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live

If Debtor 2 lives at a different address:

9670 DEE ROAD
Number Street

APT 114

DES PLAINES IL 60016
City State ZIP Code

COOK
County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

8. How you will pay the fee

☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

~~TN~~ ☒ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

~~XXX~~ ☒ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☐ No
☒ Yes. District Illinois Northern When 12/5/2016 Case number 16-39130
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No
☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

☒ No. Go to line 12.
☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
☐ No. Go to line 12.
☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

TERRENCE CHILBERS NORWOODS
First Name Middle Name Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☐ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

- ☒ No
☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property? _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

TERRENCE Clifford Norwood
First Name Middle Name Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☒ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☐ No
☒ Yes

18. How many creditors do you estimate that you owe?

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x Terrence Clifford Norwood x
Signature of Debtor 1

Signature of Debtor 2

Executed on ____
MM / DD / YYYY

Executed on ____
MM / DD / YYYY

Debtor 1

TERRENCE CLIFORD NORWOOD
First Name Middle Name Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

Debtor 1

TERRENCE C. NORWOOD
First Name Middle Name Last Name

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

☐ No
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

☐ No
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

☒ No

☐ Yes. Name of Person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x *Terrence Clifford Norwood* x
Signature of Debtor 1

Signature of Debtor 2

Date _____
MM / DD / YYYY

Date _____
MM / DD / YYYY

Contact phone _____

Contact phone _____

Cell phone _____

Cell phone _____

Email address _____

Email address _____

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

In Re:

Debtor(s) *TERRENCE C. NORWOOD*

Case No.

Chapter *7*

List of Creditors

<i>COMCAST</i> <i>1225 W. NORTH AVE</i> <i>CHICAGO, IL 60642</i>	
<i>DISH NETWORK</i> <i>2230 E IMPERIAL HWY</i> <i>EL SEGUNDO, CA 90245</i>	
<i>FIRST FINANCIAL</i> <i>230 PEACHTREE ST NW</i> <i>ATLANTA, GA 30303</i>	
<i>ALEXIAN BROTHERS</i> <i>800 BIESTERFIELD DR</i> <i>ELK GROVE, IL 60007</i>	
<i>ACCEPTANCE NOW</i> <i>5501 HEADQUARTERS</i> <i>PLANO, TX 75024</i>	

Debtor 1 _____

[illegible]

Fill in this information to identify your case:

Debtor 1: TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B \$ 0

1b. Copy line 62, Total personal property, from Schedule A/B \$ 0

1c. Copy line 63, Total of all property on Schedule A/B \$ 0

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D \$ _____

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F \$ _____

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F + \$ _____

Your total liabilities

\$ _____

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I \$ _____

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J \$ _____

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☐ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ _____

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.)

\$ 11,000.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 1,200

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0

9d. Student loans. (Copy line 6f.)

\$ 9,000

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ 0

9g. Total. Add lines 9a through 9f.

\$ _____

Fill in this information to identify your case and this filing:

Debtor 1

TERRENCE CLIFFORD NEWBOLD
First Name Middle Name Last Name

Debtor 2

(Spouse, if filing)

First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

1.1. Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Debtor 1

Terrence

Norwood

First Name

Middle Name

Last Name

Case number (if known)

1.3.

Street address, if available, or other description

City

State

ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$ _____

Current value of the portion you own?

\$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____ →

\$ _____

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☒ No
☐ Yes

3.1. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$ _____

Current value of the portion you own?

\$ _____

☐ Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: _____

Model: _____

Year: _____

Approximate mileage: _____

Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$ _____

Current value of the portion you own?

\$ _____

☐ Check if this is community property (see instructions)

Debtor 1

Terrence Norwood
First Name Middle Name Last Name

Case number (if known) _____

3.3. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

☐ Check if this is community property (see instructions)

3.4. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

☐ Check if this is community property (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☐ No
☐ Yes

4.1. Make: _____
Model: _____
Year: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

4.2. Make: _____
Model: _____
Year: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

☐ Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$ _____

Debtor 1

TERRENCE CLIFFORD NORWOOD
 First Name Middle Name Last Name

Case number (if known) _____

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☐ Yes. Describe.....

\$

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☐ Yes. Describe.....

\$

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No☐ Yes. Describe.....

\$

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No☐ Yes. Describe.....

\$

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No☐ Yes. Describe.....

\$

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.....

SWIMS, COATS LEATHER SPORTS JACKETS

\$

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☐ Yes. Describe.....

\$

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No☐ Yes. Describe.....

\$

14. Any other personal and household items you did not already list, including any health aids you did not list☐ No☐ Yes. Give specific information.....

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$

1,000

Debtor 1

Terrence

Norwood

First Name Middle Name Last Name

Case number (if known)

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes

Cash: \$ 0

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☐ Yes

Institution name:

17.1. Checking account:

BANK OF AMERICA

\$ 4.00

17.2. Checking account:

BCU CREDIT UNION

\$ 20.00

17.3. Savings account:

\$

17.4. Savings account:

\$

17.5. Certificates of deposit:

\$

17.6. Other financial account:

\$

17.7. Other financial account:

\$

17.8. Other financial account:

\$

17.9. Other financial account:

\$

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes

Institution or issuer name:

\$

\$

\$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.

Name of entity:

% of ownership:

0% %

\$

0% %

\$

0% %

\$

Debtor 1

TERRENCE CLIFFORD NORWOOD
 First Name Middle Name Last Name

Case number (if known)

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name:

\$ _____
 \$ _____
 \$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No☒ Yes. List each account separately.

Type of account:

Institution name: CHARLES SCHWAB & CO INC

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

\$ 25.00
 \$ _____
 \$ 25.00
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☒ Yes.....

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description:

\$ _____
 \$ _____
 \$ _____

Debtor 1

TERRENCE CLIFFORD NORWOODS
 First Name Middle Name Last Name

Case number (if known) _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

 \$ _____

 \$ _____

 \$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them....

 \$ _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No☐ Yes. Give specific information about them....

 \$ _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No☐ Yes. Give specific information about them....

 \$ _____

Money or property owed to you?

**Current value of the
portion you own?**
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

 Federal: \$ _____
 State: \$ _____
 Local: \$ _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☐ No☒ Yes. Give specific information.....

PAST DUE CHILD SUPPORT

Alimony: \$ _____
 Maintenance: \$ _____
 Support: \$ *36,798*
 Divorce settlement: \$ _____
 Property settlement: \$ _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☐ Yes. Give specific information.....

 \$ _____

Debtor 1

Document
TERRENCE CLIFFORD NORWOOD
 First Name Middle Name Last Name

Case number (if known) _____

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ _____

\$ _____

\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.

\$ _____

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No☐ Yes. Describe each claim.

\$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims☒ No☐ Yes. Describe each claim.

\$ _____

35. Any financial assets you did not already list☒ No☐ Yes. Give specific information.

\$ _____

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here\$ **Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned☒ No☐ Yes. Describe.

\$ _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No☐ Yes. Describe.

\$ _____

Debtor 1

TERRENCE CLIFFORD NORWOOD
 First Name Middle Name Last Name

Case number (if known) _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade☒ No☐ Yes. Describe.....

\$ _____

41. Inventory☒ No☐ Yes. Describe.....

\$ _____

42. Interests in partnerships or joint ventures☒ No☐ Yes. Describe.....

Name of entity:

% of ownership:

%

\$ _____

%

\$ _____

%

\$ _____

43. Customer lists, mailing lists, or other compilations☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☒ No☐ Yes. Describe.....

\$ _____

44. Any business-related property you did not already list☒ No☐ Yes. Give specific information

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here →\$ 0
Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.
46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?☒ No. Go to Part 7.☐ Yes. Go to line 47.
**Current value of the
portion you own?**

 Do not deduct secured claims
or exemptions.
47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No☐ Yes.....

\$ _____

Debtor 1

Terrence Norwood
First Name Middle Name Last Name

Case number (if known) _____

48. Crops—either growing or harvested

☒ No

☐ Yes. Give specific information _____

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No

☐ Yes _____

\$ _____

50. Farm and fishing supplies, chemicals, and feed

☒ No

☐ Yes _____

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

☒ No

☐ Yes. Give specific information _____

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here _____ →

\$ 0

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information _____

\$ _____

\$ _____

\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here _____ →

\$ 0

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 _____ →

\$ _____

56. Part 2: Total vehicles, line 5 _____

\$ _____

57. Part 3: Total personal and household items, line 15 _____

\$ _____

58. Part 4: Total financial assets, line 36 _____

\$ _____

59. Part 5: Total business-related property, line 45 _____

\$ _____

60. Part 6: Total farm- and fishing-related property, line 52 _____

\$ _____

61. Part 7: Total other property not listed, line 54 _____

+ \$ _____

62. Total personal property. Add lines 56 through 61. _____

\$ _____

Copy personal property total →

+ \$ _____

63. Total of all property on Schedule A/B. Add line 55 + line 62. _____

\$ 0

Fill in this information to identify your case:

Debtor 1 TERRENCE CLIFFORD NORWOOD
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Northern District of Illinois

Case number
 (if known) _____

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: _____ Line from <i>Schedule A/B</i> : _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from <i>Schedule A/B</i> : _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from <i>Schedule A/B</i> : _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☒ No
- ☐ Yes

Debtor 1 Terrence Norwood
 First Name Middle Name Last Name

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Fill in this information to identify your case:

Debtor 1 TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.1	<p><u>BOOK LAW MAGISTRATE</u> <small>Creditor's Name</small></p> <p><u>2121 EUCLID AVE #121</u> <small>Number Street</small></p> <p><u>ROLLING MEADOWS</u> <u>IL 60008</u> <small>City State ZIP Code</small></p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>10/29/15</u></p>	<p>Describe the property that secures the claim: <u>Civil JUDGMENT</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number <u>5780</u></p>	<p>\$ <u>4,105</u> \$ <u>4,105</u> \$ <u>0</u></p>
2.2	<p><u>GM FINANCIAL</u> <small>Creditor's Name</small></p> <p><u>P.O. Box 181145</u> <small>Number Street</small></p> <p><u>ARLINGTON, TX</u> <u>76096</u> <small>City State ZIP Code</small></p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>3/7/11</u></p>	<p>Describe the property that secures the claim: <u>AUTO LOAN</u></p> <p>As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number <u>4530</u></p>	<p>\$ <u>14,729</u> \$ <u>14,729</u> \$ <u>0</u></p>

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 18,834

Debtor 1

TERRENCE NORWOOD
First Name Middle Name Last Name

Case number (if known) _____

Additional Page

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
--	--	--

<p><input checked="" type="checkbox"/> <u>ALIEN SUPERIOR COURT</u> Creditor's Name <u>809 CALHOUN ST #100</u> Number Street <u>FORT WAYNE</u> <u>IN 46902</u> City State ZIP Code</p>	<p>Describe the property that secures the claim: <u>Civil Judgement</u></p>	<p>\$ <u>2,000</u> \$ <u>2,000</u> \$ <u>0</u></p>
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>3/2/2003</u> Last 4 digits of account number _____</p>		

<p><input checked="" type="checkbox"/> <u>UNIVERSAL SPECIAL AUTO</u> Creditor's Name <u>P.O. BOX 743847</u> Number Street <u>DALLAS, TX 75374</u> City State ZIP Code</p>	<p>Describe the property that secures the claim: <u>Auto XIAN</u></p>	<p>\$ <u>17,000</u> \$ <u>17,000</u> \$ <u>17,000</u></p>
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>4/2009</u> Last 4 digits of account number <u>7153</u></p>		

<p><input checked="" type="checkbox"/> <u>CAVAIRY SPVI</u> Creditor's Name <u>110 E WILSHIRE AVE #212</u> Number Street <u>FULLERTON</u> <u>CA, 92832</u> City State ZIP Code</p>	<p>Describe the property that secures the claim: <u>Civil Lawsuit</u></p>	<p>\$ _____ \$ _____ \$ _____</p>
<p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>3/2014</u> Last 4 digits of account number <u>9265</u></p>		

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$ _____
\$ _____

Debtor 1

Terrence

Norwood

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

☐

Name _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

☐

Name _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

☐

Name _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

☐

Name _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

☐

Name _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1 TERRENCE CLIFFORD NORRIS
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
 (If known) _____

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1 COMCAST
 Priority Creditor's Name
1225 W. NORTH AVE
 Number Street
CHICAGO, IL 60642
 City State ZIP Code

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
Last 4 digits of account number <u>7153</u> \$ <u>700</u>	\$ <u>700</u>	\$ <u>700</u>

When was the debt incurred? 1/10/09

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

2.2 DISH NETWORK
 Priority Creditor's Name
2230 E IMPERIAL HWY
 Number Street
EL SEGUNDO, CA 90245
 City State ZIP Code

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

Total claim	Priority amount	Nonpriority amount
Last 4 digits of account number <u>7153</u> \$ <u>600</u>	\$ <u>600</u>	\$ <u>600</u>

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
\$ 565	\$ 565	\$ 565

☐ DIRECT TV
 Priority Creditor's Name
2230 S IMPERIAL HWY
 Number Street
EL SEGUNDO
CA 90245
 City State ZIP Code

Last 4 digits of account number 7153When was the debt incurred? 2/14/14

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

☐ DISH NETWORK
 Priority Creditor's Name
300 S. WACKER DR
 Number Street
CHICAGO, IL 60606
 City State ZIP Code

Last 4 digits of account number 7153When was the debt incurred? 1/10/13

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

☐ FIRST FINANCIAL
 Priority Creditor's Name
230 PEACHTREE ST N.W
 Number Street
ATLANTA, GA 30303
 City State ZIP Code

Last 4 digits of account number 7153When was the debt incurred? 6/10/13

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amountCENTINNA WIRELESS

Priority Creditor's Name

2006 MACARTHUR DR.

Number

Street

ALBANY, LA71301

City

State

ZIP Code

Last 4 digits of account number 7153\$ 1,000 \$ 1,000 \$ 1,000When was the debt incurred? 5/18/03

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ YesACCEPTANCE NOW

Priority Creditor's Name

5501 HEADQUARTERS

Number

Street

PLANO TX 75024

City

State

ZIP Code

Last 4 digits of account number 8120\$ 4967 \$ 4967 \$ 4967When was the debt incurred? 11/28/14

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ YesALEXIAN BROTHERS CTR

Priority Creditor's Name

800 BIESTER FIELD DR.

Number

Street

EIK GROVE, IL 60007

City

State

ZIP Code

Last 4 digits of account number 0981\$ 1,124 \$ 1,124 \$ 1,124When was the debt incurred? 11/9/16

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
\$ 2,800	\$ 2,800	\$ 2,800

☐ **CITIBANK**
 Priority Creditor's Name
 P.O. Box 6500
 Number Street
 Sioux Falls, SD 57117
 City State ZIP Code

Last 4 digits of account number 7153 \$ 2,800 \$ 2,800 \$ 2,800

When was the debt incurred? 1/10/87

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

☒ No
☐ Yes

☐ **ALLIANCE ONE**
 Priority Creditor's Name
 6565 KIMBALL Dr 200
 Number Street
 Harbor WA 98335
 City State ZIP Code

Last 4 digits of account number 1211 \$ 586 \$ 536 \$ 536

When was the debt incurred? 5/8/09

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

☒ No
☐ Yes

☐ **CREDITORS DISCOUNT**
 Priority Creditor's Name
 415 E. MAIN
 Number Street
 STREATOR, IL 61364
 City State ZIP Code

Last 4 digits of account number 3593 \$ 530 \$ 530 \$ 530

When was the debt incurred? 3/10/11

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

☒ No
☐ Yes

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
\$ 2102	\$ 2102	\$ 2102

JEFFERSON CAPITAL SYSTEMLast 4 digits of account number 7153

Priority Creditor's Name

16 MOLEMAN RD

Number

Street

When was the debt incurred? 3/1/12

As of the date you file, the claim is: Check all that apply.

SAINT CLOUD, MN 56303

City

State

ZIP Code

☒ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ YesPLANT FITNESSLast 4 digits of account number 8754 \$ 300 \$ 300 \$ 300

Priority Creditor's Name

1961 N. MANNHEIM RD

Number

Street

When was the debt incurred? 1/16/12

As of the date you file, the claim is: Check all that apply.

MELROSE PK, IL 60160

City

State

ZIP Code

☒ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Priority Creditor's Name

[REDACTED]

Number

Street

Last 4 digits of account number [REDACTED]When was the debt incurred? [REDACTED]

As of the date you file, the claim is: Check all that apply.

[REDACTED]

City

State

ZIP Code

☒ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify _____

Is the claim subject to offset?

☒ No☐ Yes

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

☐ BUREAU OF MOTOR VEH Last 4 digits of account number 4780 \$ 160 \$ 160 \$ 160
 Priority Creditor's Name
100 N. SENATE AVE When was the debt incurred? 12/27/04
 Number Street
INDIANAPOLIS, IN 46204 As of the date you file, the claim is: Check all that apply.
 City State ZIP Code
☒ Contingent
☐ Unliquidated
☐ Disputed
 Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Type of PRIORITY unsecured claim:
☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____
 Is the claim subject to offset?
☒ No
☐ Yes

☐ GREAT AMERICAN FIN Last 4 digits of account number 0180 \$ 1,143 \$ 1,143 \$ 1,143
 Priority Creditor's Name
80 N. WACKER DR 2275 When was the debt incurred? 10/2011
 Number Street
CHICAGO IL 60606 As of the date you file, the claim is: Check all that apply.
 City State ZIP Code
☒ Contingent
☐ Unliquidated
☐ Disputed
 Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Type of PRIORITY unsecured claim:
☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____
 Is the claim subject to offset?
☒ No
☐ Yes

☐ HSBC BANK Last 4 digits of account number 9357 \$ 1,019 \$ 1,019 \$ 1,019
 Priority Creditor's Name
P.O. BOX 9 When was the debt incurred? 12/2010
 Number Street
BUFFALO NY 14240 As of the date you file, the claim is: Check all that apply.
 City State ZIP Code
☒ Contingent
☐ Unliquidated
☐ Disputed
 Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
 Type of PRIORITY unsecured claim:
☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____
 Is the claim subject to offset?
☒ No
☐ Yes

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
\$ 500	\$ 500	\$ 500

☐ **FIRST PREMIER BANK**
 Priority Creditor's Name
6015 MINNESOTA AVE
 Number Street
SIoux FALLS, SD 57104
 City State ZIP Code

Last 4 digits of account number 3615 \$ 500 \$ 500 \$ 500

When was the debt incurred? 3/2011

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

☒ No
☐ Yes

☐ **CAVALRY PORTFOLIO SVR**
 Priority Creditor's Name
500 SUMMIT LAKE DR
 Number Street
VALHALLA NY 10595
 City State ZIP Code

Last 4 digits of account number 4780 \$ 1,079 \$ 1,079 \$ 1,079

When was the debt incurred? 3/2012

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

☒ No
☐ Yes

☐ **ENHANCED RECOVERY**
 Priority Creditor's Name
P.O. BOX 57547
 Number Street
JACKSONVILLE, FL 32241
 City State ZIP Code

Last 4 digits of account number 2883 \$ 405 \$ 405 \$ 405

When was the debt incurred? 12/2013

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

☒ No
☐ Yes

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

<input type="checkbox"/>	<u>IC Systems Collections</u>	Last 4 digits of account number <u>0331</u>	\$ <u>989</u>	\$ <u>989</u>	\$ <u>989</u>
	Priority Creditor's Name <u>P.O. Box 64378</u>	When was the debt incurred? <u>2/15</u>			
	Number <u>SAINT PAUL MN 55164</u>	Street <u>SAINT PAUL MN 55164</u>			
	City <u>SAINT PAUL MN 55164</u>	State <u>SAINT PAUL MN 55164</u>			
	ZIP Code <u>SAINT PAUL MN 55164</u>				
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other: Specify _____

<input type="checkbox"/>	<u>CREDITORS DISCOUNT</u>	Last 4 digits of account number <u>10 M1</u>	\$ <u>1,768</u>	\$ <u>1,768</u>	\$ <u>1,768</u>
	Priority Creditor's Name <u>P.O. Box 213</u>	When was the debt incurred? <u>12/14</u>			
	Number <u>STREATOR IL 61364</u>	Street <u>STREATOR IL 61364</u>			
	City <u>STREATOR IL 61364</u>	State <u>STREATOR IL 61364</u>			
	ZIP Code <u>STREATOR IL 61364</u>				
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other: Specify _____

<input type="checkbox"/>	<u>ADVANCE AMERICA</u>	Last 4 digits of account number <u>7153</u>	\$ <u>700</u>	\$ <u>700</u>	\$ <u>700</u>
	Priority Creditor's Name <u>446 MANNHEIM RD</u>	When was the debt incurred? <u>3/14</u>			
	Number <u>Hillside IL 60162</u>	Street <u>Hillside IL 60162</u>			
	City <u>Hillside IL 60162</u>	State <u>Hillside IL 60162</u>			
	ZIP Code <u>Hillside IL 60162</u>				
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only					
<input type="checkbox"/> Debtor 2 only					
<input type="checkbox"/> Debtor 1 and Debtor 2 only					
<input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No					
<input type="checkbox"/> Yes					

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other: Specify _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

<input type="checkbox"/> EAGLE RECOVERY INC Priority Creditor's Name <u>4245N WASHINGTON</u> Number Street <u>PEORIA IL 61602</u> City State ZIP Code	Last 4 digits of account number <u>7153</u> When was the debt incurred? <u>3/2010</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>600</u> \$ <u>600</u> \$ <u>600</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

<input type="checkbox"/> BALLY TOTAL FITNESS Priority Creditor's Name <u>P.O. BOX 96241</u> Number Street <u>WASHINGTON, DC 20090</u> City State ZIP Code	Last 4 digits of account number <u>7153</u> When was the debt incurred? <u>3/93</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>400</u> \$ <u>400</u> \$ <u>400</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

<input type="checkbox"/> I.R.S Priority Creditor's Name <u>P.O. BOX 12000 480</u> Number Street <u>HOLTSVILLE, NY 11742</u> City State ZIP Code	Last 4 digits of account number <u>7153</u> When was the debt incurred? <u>3/2008</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____ \$ _____ \$ _____
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
\$ 300	\$ 300	\$ 300

☐ TOWER FEDERAL CREDIT UNION Last 4 digits of account number 7153 \$ 300 \$ 300 \$ 300

Priority Creditor's Name
7901 SANDY SPRING RD
Number Street

When was the debt incurred? 3/13

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:
☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?
☒ No
☐ Yes

☐ SALLIE MAE Last 4 digits of account number 7153 \$ 1300 \$ 1300 \$ 1300

Priority Creditor's Name
P.O. Box 9500
Number Street

When was the debt incurred? 3/2009

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:
☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?
☒ No
☐ Yes

☐ Portfolio Recovery Ass Last 4 digits of account number 7153 \$ 675 \$ 675 \$ 675

Priority Creditor's Name
P.O. Box 41067
Number Street

When was the debt incurred? 3/2007

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:
☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?
☒ No
☐ Yes

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
\$ 760	\$ 760	\$ 760

Porto Rico Recovery AssLast 4 digits of account number 7153\$ 760 \$ 760 \$ 760

Priority Creditor's Name

P.O. BOX 18914

Number

Street

When was the debt incurred? 9/2007Norfolk VA 23541

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

WEST SUBURBAN MED CTR

Priority Creditor's Name

3 ERIE CT

Number

Street

Last 4 digits of account number 0860\$ 3184 \$ 3184 \$ 3184When was the debt incurred? 7/2014DAK PARK IL 60302

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

COMCAST

Priority Creditor's Name

1500 MCCONNOR PKWY

Number

Street

Last 4 digits of account number 7153\$ 700 \$ 700 \$ 700When was the debt incurred? 10/2014SCHAUMBURG IL 60173

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amount

☐ ILLINOIS TOLLWAY
 Priority Creditor's Name
P.O. Box 5544
 Number Street

Last 4 digits of account number 9457\$ 356 \$ 356 \$ 356When was the debt incurred? 7/2015

CHICAGO, IL 60680
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

☐ CITY OF CHICAGO DPT FIN
 Priority Creditor's Name
P.O. Box 88292
 Number Street

Last 4 digits of account number 5540\$ 100 \$ 100 \$ 100When was the debt incurred? 6/2015

CHICAGO IL 60680
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

☐ CITY OF CHICAGO FIN
 Priority Creditor's Name
P.O. Box 88292
 Number Street

Last 4 digits of account number 1670\$ 658 \$ 658 \$ 658When was the debt incurred? 8/2014

CHICAGO IL 60680
 City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority
amountNonpriority
amountSHERIFF VEHICLE CODE

Priority Creditor's Name

26749 NETWORK P1

Number

Street

Last 4 digits of account number

0623\$ 50\$ 50\$ 50

When was the debt incurred?

5/2015

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify _____

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesCHICAGO IL 60673

City

State

ZIP Code

DEPT of Admin City of Chicago

Priority Creditor's Name

118 N. CLARK ST #1160

Number

Street

Last 4 digits of account number

8767\$ 110\$ 110\$ 110

When was the debt incurred?

5/2015

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify _____

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesCHICAGO IL 60602

City

State

ZIP Code

GOTTlieb

Priority Creditor's Name

9145 COLLECTION CTR DR

Number

Street

Last 4 digits of account number

2538\$ 1080\$ 1080\$ 1080

When was the debt incurred?

4/2014

As of the date you file, the claim is: Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☒ Other. Specify _____

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesCHICAGO IL 60693

City

State

ZIP Code

Debtor 1

TERRENCE CLIFFORD NORWOOD

First Name Middle Name Last Name

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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NAVY CREDIT UNION

P.O. BOX 3000

Number Street

Last 4 digits of account number 7153

\$ 7500 \$ 7500 \$ 7500

When was the debt incurred? 3/89

MERRIFIELD, VA 22119

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

NICOR NORTHERN GAS

P.O. BOX 549

Number Street

Last 4 digits of account number 3829

\$ 2,000 \$ 2,000 \$ 2,000

When was the debt incurred? 5/2012

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

NCO FINANCIAL SYSTEM

507 PRUDENTIAL RD

Number Street

Last 4 digits of account number 7153

\$ 1700 \$ 1700 \$ 1700

When was the debt incurred? 3/2011

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 Torrence Norwood
First Name Middle Name Last Name

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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<input type="checkbox"/> <u>Macy's</u> Priority Creditor's Name <u>747 7th ST</u> Number Street <u>Cincinnati, OH 45201</u> City State ZIP Code	Last 4 digits of account number <u>7153</u>	\$ <u>600</u>	\$ <u>600</u>	\$ <u>600</u>
When was the debt incurred? <u>3/2003</u>				
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

<input type="checkbox"/> <u>MCM DEPT</u> Priority Creditor's Name <u>P.O. Box 603110</u> Number Street <u>Chicago IL 60664</u> City State ZIP Code	Last 4 digits of account number <u>7153</u>	\$ <u>900</u>	\$ <u>900</u>	\$ <u>900</u>
When was the debt incurred? <u>6/2008</u>				
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

<input type="checkbox"/> <u>IC Systems Coll</u> Priority Creditor's Name <u>P.O. Box 64378</u> Number Street <u>SAINT PAUL MN 55164</u> City State ZIP Code	Last 4 digits of account number <u>7153</u>	\$ <u>500</u>	\$ <u>500</u>	\$ <u>500</u>
When was the debt incurred? <u>9/2012</u>				
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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☐ FIFTH THIRD BANK Last 4 digits of account number 7153 \$ 300 \$ 300 \$ 300
Priority Creditor's Name
1850 E PARIS SE
Number Street

When was the debt incurred? 2/14

As of the date you file, the claim is: Check all that apply.

GRAND RAPIDS MI 49504
City State ZIP Code
☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

☐ PiST PREMIER BANK Last 4 digits of account number 7153 \$ 650 \$ 650 \$ 650
Priority Creditor's Name
P.O. BOX 5529
Number Street

When was the debt incurred? 7/2012

As of the date you file, the claim is: Check all that apply.

SIOUX FALLS SD 57117
City State ZIP Code
☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

☐ IRS Last 4 digits of account number 7153 \$ 388 \$ 388 \$ 388
Priority Creditor's Name
P.O. BOX 7346
Number Street

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

PHILADELPHIA PA 19101
City State ZIP Code
☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

<input type="checkbox"/> CREDIT MANAGEMENT Priority Creditor's Name 4200 INTERNATIONAL PKWY Number Street CARROITON TX 75007 City State ZIP Code	Last 4 digits of account number 7153 When was the debt incurred? 9/2014	\$ 700 \$ 700 \$ 700
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

<input type="checkbox"/> COMMONWEALTH EDISON Priority Creditor's Name 3 LINCOLN CENTER Number Street ATTN BANKRUPTCY SECTION OAK TERRACE, IL 60184 City State ZIP Code	Last 4 digits of account number 7153 When was the debt incurred? 7/2012	\$ 1100 \$ 1100 \$ 1100
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

<input type="checkbox"/> COMED Priority Creditor's Name P.O. BOX 6111 Number Street CAROL STREAM IL 60147 City State ZIP Code	Last 4 digits of account number 7153 When was the debt incurred? 5/2012	\$ 435 \$ 435 \$ 435
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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<input type="checkbox"/> <u>CHICAGO TRIBUNE</u> Priority Creditor's Name <u>435N. MICHIGAN AVE</u> Number Street <u>CHICAGO IL 60611</u> City State ZIP Code	Last 4 digits of account number <u>6295</u>	\$ <u>150</u>	\$ <u>150</u>	\$ <u>150</u>
When was the debt incurred? <u>5/2012</u>				
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

<input type="checkbox"/> <u>CHASE BANK</u> Priority Creditor's Name <u>340 S. CLEVELAND</u> Number Street <u>WESTERVILLE, OH 43081</u> City State ZIP Code	Last 4 digits of account number <u>7153</u>	\$ <u>760</u>	\$ <u>760</u>	\$ <u>760</u>
When was the debt incurred? <u>3/2009</u>				
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

<input type="checkbox"/> <u>CASH AMERICA</u> Priority Creditor's Name <u>6303 W. NORTH AVE</u> Number Street <u>CAK PARK IL 60302</u> City State ZIP Code	Last 4 digits of account number <u>129N</u>	\$ <u>800</u>	\$ <u>800</u>	\$ <u>800</u>
When was the debt incurred? <u>6/2015</u>				
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 Terrence Norwood
First Name Middle Name Last Name

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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<input type="checkbox"/> <u>CAPITAL MANAGEMENT SERV</u> <small>Priority Creditor's Name</small> <u>698 1/2 S OGDEN ST</u> <small>Number Street</small> <u>BUFFALO NY 14206</u> <small>City State ZIP Code</small> Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7153</u> When was the debt incurred? <u>3/2012</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____	\$ <u>750</u> \$ <u>750</u> \$ <u>750</u>
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<input type="checkbox"/> <u>BIEHL & BIEHL INC</u> <small>Priority Creditor's Name</small> <u>P.O. BOX 87410</u> <small>Number Street</small> <u>CAROL STREAM IL 60188</u> <small>City State ZIP Code</small> Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7153</u> When was the debt incurred? <u>9/2013</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____	\$ <u>360</u> \$ <u>360</u> \$ <u>360</u>
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<input type="checkbox"/> <u>APPLIED BANK</u> <small>Priority Creditor's Name</small> <u>P.O. BOX 17120</u> <small>Number Street</small> <u>WILMINGTON, DE 19886</u> <small>City State ZIP Code</small> Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7153</u> When was the debt incurred? <u>7/2011</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____	\$ <u>900</u> \$ <u>900</u> \$ <u>900</u>
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Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
\$ 1,200	\$ 1,200	\$ 1,200

☐ AT&T
Priority Creditor's Name
P.O. BOX 5080
Number Street
Wilmington DE 19886
City State ZIP Code

Last 4 digits of account number 7153 \$ 1,200 \$ 1,200 \$ 1,200

When was the debt incurred? 7/2012

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

☒ No
☐ Yes

☐ AT&T
Priority Creditor's Name
P.O. BOX 769
Number Street
Arlington TX 76004
City State ZIP Code

Last 4 digits of account number 7153 \$ 900 \$ 900 \$ 900

When was the debt incurred? 3/2012

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

☒ No
☐ Yes

☐ Phillip V MARTINO
Priority Creditor's Name
300 N LASALLE # 4000
Number Street
Chicago IL 60654
City State ZIP Code

Last 4 digits of account number 7153 \$ 1,000 \$ 1,000 \$ 1,000

When was the debt incurred? 9/2010

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

☒ No
☐ Yes

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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☐ Village Radiology
Priority Creditor's Name
P.O. Box 470
Number Street

Last 4 digits of account number 7153 \$ 600 \$ 600 \$ 600

When was the debt incurred? 2/2013

DAK PARK IL, 60303
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

☐ U.S. CELLULAR
Priority Creditor's Name
P.O. Box 9004
Number Street

Last 4 digits of account number 7153 \$ 1100 \$ 1100 \$ 1100

When was the debt incurred? 1/2008

BENTON, WA 98057
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

☐ TCE BANK
Priority Creditor's Name
800 BURR RIDGE PKWY
Number Street

Last 4 digits of account number 7153 \$ 700 \$ 700 \$ 700

When was the debt incurred? 3/2010

BURR RIDGE IL 60527
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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<input type="checkbox"/> <u>SUNRISE CREDIT SERV</u> <small>Priority Creditor's Name</small> <u>P.O. BOX 9100</u> <small>Number Street</small> <u>FARMINGTON, NY 11735</u> <small>City State ZIP Code</small>	Last 4 digits of account number <u>7153</u> When was the debt incurred? <u>8/2008</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>800</u> \$ <u>800</u> \$ <u>800</u> Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

<input type="checkbox"/> <u>SALLIE MAE</u> <small>Priority Creditor's Name</small> <u>6330 GULFTON</u> <small>Number Street</small> <u>HOUSTON, TX 77081</u> <small>City State ZIP Code</small>	Last 4 digits of account number <u>7153</u> When was the debt incurred? <u>2/2012</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>2100</u> \$ <u>2100</u> \$ <u>2100</u> Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		

<input type="checkbox"/> <u>ROYAL CROWN PAWN</u> <small>Priority Creditor's Name</small> <u>428 N. CLARK</u> <small>Number Street</small> <u>CHICAGO IL 60605</u> <small>City State ZIP Code</small>	Last 4 digits of account number <u>129N</u> When was the debt incurred? <u>5/2015</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>1300</u> \$ <u>1300</u> \$ <u>1300</u> Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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<input type="checkbox"/> PHOTO ENFORCEMENT PROGRAM Priority Creditor's Name 75 REMITTANCE DR Number Street # 6058 Chicago IL 60675 City State ZIP Code	Last 4 digits of account number 7153 When was the debt incurred? 5/2013 As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 100 \$ 100 \$ 100
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<input type="checkbox"/> PLS LOAN STORE Priority Creditor's Name 1537 W NORTH AVE Number Street Melrose Pk IL 60160 City State ZIP Code	Last 4 digits of account number 7153 When was the debt incurred? 7/2014 As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____ Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 1000 \$ 1000 \$ 1000
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<input type="checkbox"/> NORTH SHORE AGENCY Priority Creditor's Name P.O. BOX 9205 Number Street Old Bethpage NY 11804 City State ZIP Code	Last 4 digits of account number 7153 When was the debt incurred? 10/2011 As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____ Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ 750 \$ 750 \$ 750
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Debtor 1 Terrence Norwood
First Name Middle Name Last Name

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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<input checked="" type="checkbox"/> <u>ILLINOIS DEPT REVENUE</u> Priority Creditor's Name <u>P.O. BOX 64338</u> Number Street <u>CHICAGO IL 60664</u> City State ZIP Code	Last 4 digits of account number <u>3291</u>	\$ <u>475</u>	\$ <u>475</u>	\$ <u>475</u>
When was the debt incurred? <u>6/2012</u>				
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

<input checked="" type="checkbox"/> <u>IL LABOBATORY MED</u> Priority Creditor's Name <u>P.O. BOX 5966</u> Number Street <u>CAROL STREAM IL 60197</u> City State ZIP Code	Last 4 digits of account number <u>7153</u>	\$ <u>760</u>	\$ <u>760</u>	\$ <u>760</u>
When was the debt incurred? <u>12/2013</u>				
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

<input checked="" type="checkbox"/> <u>FRANKLIN COLL SERVICES</u> Priority Creditor's Name <u>P.O. BOX 3910</u> Number Street <u>TUPELO MS 38803</u> City State ZIP Code	Last 4 digits of account number <u>7153</u>	\$ <u>890</u>	\$ <u>890</u>	\$ <u>890</u>
When was the debt incurred? <u>11/2010</u>				
As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt				
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify _____				
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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☐ **2.3** FItnESS 19 IL
Priority Creditor's Name
2640 N NARRAGANSETT
Number Street

Last 4 digits of account number 7153 \$ 300 \$ 300 \$ 300

When was the debt incurred? 7/2010

CHICAGO IL 60639
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

☐ **2.4** FIRST SOURCE ADVANTAGE
Priority Creditor's Name
P.O. BOX 33009
Number Street

Last 4 digits of account number 7153 \$ 730 \$ 730 \$ 730

When was the debt incurred? 12/2011

PHOENIX AZ 85067
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

☐ **2.5** FEDEX
Priority Creditor's Name
P.O. BOX 94515
Number Street

Last 4 digits of account number 4438 \$ 80 \$ 80 \$ 80

When was the debt incurred? 2014

PALATINE IL 60094
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify _____

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 Terrence Norwood
First Name Middle Name Last Name

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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<input type="checkbox"/> <u>ECHELON RECOVERY</u> Priority Creditor's Name <u>P.O. BOX 1880</u> Number Street <u>VOORHEES NJ 08043</u> City State ZIP Code	Last 4 digits of account number <u>7153</u> \$ <u>530</u> \$ <u>530</u> \$ <u>530</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? <u>10/2012</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<input type="checkbox"/> <u>EZ PAWN</u> Priority Creditor's Name <u>3116 W NORTH AVE</u> Number Street <u>MELROSE PK 60195</u> City State ZIP Code	Last 4 digits of account number <u>129N</u> \$ <u>2,000</u> \$ <u>2,000</u> \$ <u>2,000</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? <u>6/2015</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

<input type="checkbox"/> <u>EPMB OF ILLINOIS</u> Priority Creditor's Name <u>P.O. BOX 95968</u> Number Street <u>OKLAHOMA OK 73143</u> City State ZIP Code	Last 4 digits of account number <u>7153</u> \$ <u>200</u> \$ <u>200</u> \$ <u>200</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	When was the debt incurred? <u>6/2012</u> As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

☐ ILLINOIS DEPT OF REVENUE Last 4 digits of account number 7153 \$ 1,024 \$ 1,024 \$
Priority Creditor's Name
P.O. BOX 19035 When was the debt incurred? 12/2009
Number Street

SPRINGFIELD FL 62794
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Priority Creditor's Name

Last 4 digits of account number \$ \$ \$

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Priority Creditor's Name

Last 4 digits of account number \$ \$ \$

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4 SALLIE MAE GC SERVICES

Nonpriority Creditor's Name

10330 GUILFON

Number Street

HOUSTON TX 77081

City

State

ZIP Code

Last 4 digits of account number 7153

When was the debt incurred? 3/2004

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 4,392

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

☐

DEPT OF EDUCATION
Nonpriority Creditor's Name
P.O. BOX 530210
Number Street
ATLANTA GA 30353
City State ZIP Code

Last 4 digits of account number 7153

\$ 2,500

When was the debt incurred? 6/2004

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

☐

CONTRACT CALLERS INC
Nonpriority Creditor's Name
501 GREENE ST 3RD FL 302
Number Street
Augusta GA 30901
City State ZIP Code

Last 4 digits of account number 7153

\$ 850

When was the debt incurred? 8/2013

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

☐

CITY OF CHICAGO DEPT OF REVENUE
Nonpriority Creditor's Name
121 N. LA SALLE ST # 107A
Number Street
Chicago IL 60602
City State ZIP Code

Last 4 digits of account number 129N

\$ 700

When was the debt incurred? 6/2012

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

TERRENCE CLIPPER NEWOODS
First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

☐ ELK GROVE RADIOLOGY SC Last 4 digits of account number 307A
Nonpriority Creditor's Name
P.O. BOX
Number Street
CAROL STREAM IL 60197
City State ZIP Code

When was the debt incurred? 3/1/17

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

☐ DEPT OF TREASURY I.R.S
Nonpriority Creditor's Name

Last 4 digits of account number P501

\$ 22.28

Number Street
CINCINNATI OH 45999
City State ZIP Code

When was the debt incurred? 5/2014

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

☐ GC SERVICES LIMITED
Nonpriority Creditor's Name

Last 4 digits of account number 1710

\$ 4,390

Number Street
6330 GULFVIEW
City State ZIP Code
HOUSTON TX 77081

When was the debt incurred? 3/2012

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known)

Page 58 of 93

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 CIMPAR, S.C
 Nonpriority Creditor's Name
1111 SUPERIOR ST # 104
 Number Street
MELOSE, IL 60160
 City State ZIP Code

Last 4 digits of account number 9230When was the debt incurred? 5/2014

Total claim

\$ 144.80**Who incurred the debt? Check one.**

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.2 VILLAGE RADIOLOGY LTD
 Nonpriority Creditor's Name
P.O. BOX 470
 Number Street
OAK PARK, IL 60303
 City State ZIP Code

Last 4 digits of account number 9940When was the debt incurred? 8/2011\$ 214.00**Who incurred the debt? Check one.**

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.3 ILLINOIS LABORATORY MED
 Nonpriority Creditor's Name
P.O. BOX
 Number Street
CARDI STREAM IL 60197
 City State ZIP Code

Last 4 digits of account number 5666When was the debt incurred? 8/2011\$ 337.81**Who incurred the debt? Check one.**

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1 TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

WEST SUBURBAN
Nonpriority Creditor's Name

P.O. BOX B30913
Number Street

BIRMINGHAM AL 35203
City State ZIP Code

Last 4 digits of account number 0164

When was the debt incurred? 8/2011

\$ 88.73

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

EPMB OF ILLINOIS S.C.
Nonpriority Creditor's Name

P.O. BOX 95968
Number Street

OKLAHOMA CITY, OK 73143
City State ZIP Code

Last 4 digits of account number 3781

When was the debt incurred? 7/2011

\$ 980.00

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

NORDSTROM
Nonpriority Creditor's Name

1617 6TH AVE
Number Street

SEATTLE WA 98101
City State ZIP Code

Last 4 digits of account number 7153

When was the debt incurred? 3/89

\$ 4,500

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

TERRENCE CLIFFORD WOODWARD
First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

☐ APPLIED BANK
Nonpriority Creditor's Name
P.O. BOX 10210
Number Street
Wilmington, DE 19850
City State ZIP Code

Last 4 digits of account number 9800

When was the debt incurred? 2/2011

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 3,348

☐ PEOPLE GAS
Nonpriority Creditor's Name
200 EAST RANDOLPH
Number Street
CHICAGO IL 60601
City State ZIP Code

Last 4 digits of account number 5440

When was the debt incurred? 5/2009

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

\$ 1,271

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Debtor 1

TERRENCE CLIFFORD NORMAN
First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

CARSON PIRIE SCOTT
Nonpriority Creditor's Name
1 WASHINGTON ST
Number Street
INDIANAPOLIS IN 46204
City State ZIP Code

Last 4 digits of account number 7153

\$ 900

When was the debt incurred? 3/97

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

CMRE SC FINANCIAL SRV
Nonpriority Creditor's Name
3075 IMPERIAL HWY
Number Street
BREA CA 92821
City State ZIP Code

Last 4 digits of account number 7153

\$ 650

When was the debt incurred? 1/2011

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

ARNOLD SCOTT HARRIS
Nonpriority Creditor's Name
111 W. JACKSON
Number Street
CHICAGO IL 60604
City State ZIP Code

Last 4 digits of account number 129N

\$ 800

When was the debt incurred? 4/2012

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

ANTHONY WAYNE CREDIT ADJUSTER
Nonpriority Creditor's Name

Last 4 digits of account number 7153

\$ 1100

809 S. CALHOUN ST
Number Street

When was the debt incurred? 3/2005

FORT WAYNE IN 46802
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

ADVANCE AMERICA
Nonpriority Creditor's Name

Last 4 digits of account number 7153

\$ 700

446 MANNHEIM RD
Number Street

When was the debt incurred? 5/2014

HILLSIDE IL 60162
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Nonpriority Creditor's Name

Last 4 digits of account number

\$

Number Street

When was the debt incurred?

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

☐

NICOL CAS
Nonpriority Creditor's Name
P.O. BOX 2020
Number Street
AURORA IL 60507
City State ZIP Code

Last 4 digits of account number 3843

\$ 1,930

When was the debt incurred? 3/2013

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

☐

ALEXIAN BROTHERS MED CTR
Nonpriority Creditor's Name
3040 W. SALT CREEK LANE
Number Street
ARLINGTON HEIGHTS, IL 60005
City State ZIP Code

Last 4 digits of account number 0981

\$ 2205

When was the debt incurred? 1/13/17

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

☐

IL DEPT OF HEALTHCARE FM SERV
Nonpriority Creditor's Name
P.O. BOX 19119
Number Street
SPRINGFIELD IL 62794
City State ZIP Code

Last 4 digits of account number 1562

\$ 36,592

When was the debt incurred? 6/98

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Child Support

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

BUREAU OF MOTOR VEHICLES
Nonpriority Creditor's Name
100 NORTH SENATE AVE
Number Street
INDIANAPOLIS IN 46204
City State ZIP Code

Last 4 digits of account number 4780

When was the debt incurred? 10/2004

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 160

Nonpriority Creditor's Name

Number Street
City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number ____

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims
from Part 1

6a. Domestic support obligations

6a. \$ 36,798

6b. Taxes and certain other debts you owe the government

6b. \$ _____

6c. Claims for death or personal injury while you were intoxicated

6c. \$ _____

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ _____

6e. Total. Add lines 6a through 6d.

6e. \$

Total claim

Total claims
from Part 2

6f. Student loans

6f. \$ 8,500

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ _____

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ _____

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ _____

6j. Total. Add lines 6f through 6i.

6j. \$

Total claim

Fill in this information to identify your case:

Debtor TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Debtor 2
(Spouse if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2.2

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2.3

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2.4

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2.5

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

Debtor 1 Terrence Norwood
First Name Middle Name Last Name

Case number (if known) _____

Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

22

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

2

Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

Fill in this information to identify your case:

Debtor 1 TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(If known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.2

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.3

Name

Number Street

City State ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Debtor 1

Terrence

First Name

Middle Name

Norwood

Last Name

Case number (if known)

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(If known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed
☒ Not employed

Occupation

Employer's name

Employer's address

Number Street

City State ZIP Code

How long employed there?

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Number Street

City State ZIP Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0

\$

3. Estimate and list monthly overtime pay.

3. + \$

+ \$

4. Calculate gross income. Add line 2 + line 3.

4. \$ 0

\$

Debtor 1

TERRENCE CLIFFORD NORMAN
First Name Middle Name Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 0	\$
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0	\$
5b. Mandatory contributions for retirement plans	5b. \$ 0	\$
5c. Voluntary contributions for retirement plans	5c. \$ 0	\$
5d. Required repayments of retirement fund loans	5d. \$ 0	\$
5e. Insurance	5e. \$ 0	\$
5f. Domestic support obligations	5f. \$ 0	\$
5g. Union dues	5g. \$ 0	\$
5h. Other deductions. Specify: _____	5h. + \$ 0	+ \$
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0	\$
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0	\$
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0	\$
8b. Interest and dividends	8b. \$ 0	\$
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0	\$
8d. Unemployment compensation	8d. \$ 0	\$
8e. Social Security	8e. \$ 0	\$
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0	\$
8g. Pension or retirement income	8g. \$ 0	\$
8h. Other monthly income. Specify: _____	8h. + \$ 0	+ \$
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0	\$
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 0 + \$	\$ = \$
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12. \$ 0	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Chiquita ~~Debtor 1~~ SN 31

CHARIS ~~Debtor 1~~ SN 27

- ☒ No
- ☐ Yes
- ☒ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4. \$ 0

4a. \$ 0

4b. \$ 0

4c. \$ 0

4d. \$ 0

Debtor 1

TERRENCE CLIFFORD NORMAN
First Name Middle Name Last Name

Case number (if known)

Your expenses

5. **Additional mortgage payments for your residence, such as home equity loans** 5. \$ 0
6. **Utilities:**
- 6a. Electricity, heat, natural gas 6a. \$ 0
- 6b. Water, sewer, garbage collection 6b. \$ 0
- 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 0
- 6d. Other. Specify: 6d. \$ 0
7. **Food and housekeeping supplies** 7. \$ 0
8. **Childcare and children's education costs** 8. \$ 0
9. **Clothing, laundry, and dry cleaning** 9. \$ 200
10. **Personal care products and services** 10. \$ 200
11. **Medical and dental expenses** 11. \$ 0
12. **Transportation.** Include gas, maintenance, bus or train fare.
Do not include car payments. 12. \$ 100
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$ 0
14. **Charitable contributions and religious donations** 14. \$ 0
15. **Insurance.**
Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. \$ 100
- 15b. Health insurance 15b. \$ 0
- 15c. Vehicle insurance 15c. \$ 0
- 15d. Other insurance. Specify: 15d. \$ 0
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: 16. \$ 0
17. **Installment or lease payments:**
- 17a. Car payments for Vehicle 1 17a. \$ 0
- 17b. Car payments for Vehicle 2 17b. \$ 0
- 17c. Other. Specify: 17c. \$ 0
- 17d. Other. Specify: 17d. \$ 0
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).** 18. \$ 0
19. **Other payments you make to support others who do not live with you.**
Specify: 19. \$ 0
20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**
- 20a. Mortgages on other property 20a. \$ 0
- 20b. Real estate taxes 20b. \$ 0
- 20c. Property, homeowner's, or renter's insurance 20c. \$ 0
- 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0
- 20e. Homeowner's association or condominium dues 20e. \$ 0

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ 600-

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a.

\$ 600-

22b.

\$ 600-

22c.

\$ 600-

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23a.

\$ 0

23b.

-\$ 600-

23c.

\$ -600

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☐ Yes.

Explain here:

Debtor 1 Terrence Norwood
First Name Middle Name Last Name

Case number (if known) _____

Your expenses

- | | |
|---|---------------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. \$ _____ |
| 6. Utilities: | |
| 6a. Electricity, heat, natural gas | 6a. \$ _____ |
| 6b. Water, sewer, garbage collection | 6b. \$ _____ |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ _____ |
| 6d. Other. Specify: _____ | 6d. \$ _____ |
| 7. Food and housekeeping supplies | 7. \$ _____ |
| 8. Childcare and children's education costs | 8. \$ _____ |
| 9. Clothing, laundry, and dry cleaning | 9. \$ _____ |
| 10. Personal care products and services | 10. \$ _____ |
| 11. Medical and dental expenses | 11. \$ _____ |
| 12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments. | 12. \$ _____ |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ _____ |
| 14. Charitable contributions and religious donations | 14. \$ _____ |
| 15. Insurance.
Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. Life insurance | 15a. \$ _____ |
| 15b. Health insurance | 15b. \$ _____ |
| 15c. Vehicle insurance | 15c. \$ _____ |
| 15d. Other insurance. Specify: _____ | 15d. \$ _____ |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____ | 16. \$ _____ |
| 17. Installment or lease payments: | |
| 17a. Car payments for Vehicle 1 | 17a. \$ _____ |
| 17b. Car payments for Vehicle 2 | 17b. \$ _____ |
| 17c. Other. Specify: _____ | 17c. \$ _____ |
| 17d. Other. Specify: _____ | 17d. \$ _____ |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from
your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. \$ _____ |
| 19. Other payments you make to support others who do not live with you.
Specify: _____ | 19. \$ _____ |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> . | |
| 20a. Mortgages on other property | 20a. \$ _____ |
| 20b. Real estate taxes | 20b. \$ _____ |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ _____ |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ _____ |
| 20e. Homeowner's association or condominium dues | 20e. \$ _____ |

Debtor 1 Terrence Norwood
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ _____

22. Your monthly expenses. Add lines 5 through 21.

The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2.

22. \$ _____

23. Line not used on this form.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Debtor 2

(Spouse, if filing)

First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number

(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x Terrence Clifford Norwood
Signature of Debtor 1

Signature of Debtor 2

Date _____
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Terrence Norwood
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(If known) _____

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1
lived there

Debtor 2:

Dates Debtor 2
lived there

2839 W Fillmore ST
Number Street

From 10/16
To 3/17

☐ Same as Debtor 1

☐ Same as Debtor 1

From _____

To _____

CHICAGO IL 60612
City State ZIP Code

City State ZIP Code

9670 DEE ROAD
Number Street

From 8/17
To _____

☐ Same as Debtor 1

☐ Same as Debtor 1

From _____

To _____

DES PLAINES IL 60016
City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1

First Name Middle Name Last Name

TERRENCE CLIFFORD NORWOODS

Case number (if known)

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<p>From January 1 of current year until the date you filed for bankruptcy:</p> <p><input type="checkbox"/> Wages, commissions, bonuses, tips</p> <p><input type="checkbox"/> Operating a business</p>	<p>\$ 3,200</p>	<p><input type="checkbox"/> Wages, commissions, bonuses, tips</p> <p><input type="checkbox"/> Operating a business</p>	<p>\$</p>
<p>For last calendar year: (January 1 to December 31, 2016)</p> <p><input type="checkbox"/> Wages, commissions, bonuses, tips</p> <p><input type="checkbox"/> Operating a business</p>	<p>\$ 1,000</p>	<p><input type="checkbox"/> Wages, commissions, bonuses, tips</p> <p><input type="checkbox"/> Operating a business</p>	<p>\$</p>
<p>For the calendar year before that: (January 1 to December 31, 2015)</p> <p><input type="checkbox"/> Wages, commissions, bonuses, tips</p> <p><input type="checkbox"/> Operating a business</p>	<p>\$ 9,000</p>	<p><input type="checkbox"/> Wages, commissions, bonuses, tips</p> <p><input type="checkbox"/> Operating a business</p>	<p>\$</p>

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☒ No

☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	\$		\$
	\$		\$
	\$		\$
For last calendar year: (January 1 to December 31, 2016)	\$		\$
	\$		\$
	\$		\$
For the calendar year before that: (January 1 to December 31, 2015)	\$		\$
	\$		\$
	\$		\$

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>		\$	\$	<div><input type="checkbox"/> Mortgage</div> <div><input type="checkbox"/> Car</div> <div><input type="checkbox"/> Credit card</div> <div><input type="checkbox"/> Loan repayment</div> <div><input type="checkbox"/> Suppliers or vendors</div> <div><input type="checkbox"/> Other</div>
<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>		\$	\$	<div><input type="checkbox"/> Mortgage</div> <div><input type="checkbox"/> Car</div> <div><input type="checkbox"/> Credit card</div> <div><input type="checkbox"/> Loan repayment</div> <div><input type="checkbox"/> Suppliers or vendors</div> <div><input type="checkbox"/> Other</div>
<div>Creditor's Name</div> <div>Number Street</div> <div>City State ZIP Code</div>		\$	\$	<div><input type="checkbox"/> Mortgage</div> <div><input type="checkbox"/> Car</div> <div><input type="checkbox"/> Credit card</div> <div><input type="checkbox"/> Loan repayment</div> <div><input type="checkbox"/> Suppliers or vendors</div> <div><input type="checkbox"/> Other</div>

Debtor 1 Terrence Norwood
First Name Middle Name Last Name

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☐ No
☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

- ☐ No
☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	
Insider's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	_____	\$ _____	\$ _____	

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
☐ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title _____ _____ Case number _____		Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title _____ _____ Case number _____		Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____			\$ _____
	Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Creditor's Name _____ Number Street _____ City State ZIP Code _____			\$ _____
	Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number Street			\$
City State ZIP Code			
Last 4 digits of account number: XXXX- - - -			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
Number Street			\$
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
Number Street			\$
City State ZIP Code			
Person's relationship to you			

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name Number Street City State ZIP Code			\$ _____
			\$ _____

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
			\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No

☐ Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number Street City State ZIP Code Email or website address Person Who Made the Payment, if Not You			\$ _____
			\$ _____

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known) _____

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____ Number Street _____ City State ZIP Code _____ Email or website address _____ Person Who Made the Payment, if Not You _____	_____	\$ _____
	_____	\$ _____

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____ Number Street _____ City State ZIP Code _____	_____	\$ _____
	_____	\$ _____

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____		_____
Person Who Received Transfer _____ Number Street _____ City State ZIP Code _____ Person's relationship to you _____		_____

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

Description and value of the property transferred

Name of trust

Date transfer was made

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☒ Yes. Fill in the details.

Name of Financial Institution
Fifth Third
P.O. Box 630900
Number Street
Cincinnati OH 45263
City State ZIP Code

Last 4 digits of account number
XXXX-7153

Type of account or instrument
☒ Checking
☐ Savings
☐ Money market
☐ Brokerage
☐ Other

Date account was closed, sold, moved, or transferred
3/2017

Last balance before closing or transfer
\$ 400.00

Name of Financial Institution
XXXX-
Number Street
City State ZIP Code

☐ Checking
☐ Savings
☐ Money market
☐ Brokerage
☐ Other

\$

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No
☐ Yes. Fill in the details.

Who else had access to it?

Name of Financial Institution
Number Street
City State ZIP Code

Name
Number Street
City State ZIP Code

Describe the contents

Do you still have it?
☐ No
☐ Yes

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

Name of Storage Facility

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

- ☐ No
☐ Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

Number Street

City State ZIP Code

Number Street

City State ZIP Code

\$ _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known)

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City	City State ZIP Code		
City	State ZIP Code		

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

Case title	Court or agency	Nature of the case	Status of the case
	Court Name		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Number Street		
Case number	City State ZIP Code		

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
PROPERTIES MANAGEMENT GROUP 4438 WESLEY TERANCE Number Street	CONSULTING FINANCE	EIN: 46-1412575
SCHILLER PK IL 600176 City State ZIP Code	Name of accountant or bookkeeper	Dates business existed From 1/12 To 1/14
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	Name of accountant or bookkeeper	Dates business existed From To
City State ZIP Code		

Debtor 1

TERRENCE CLIFFORD NORWOODS
First Name Middle Name Last Name

Case number (if known) _____

Business Name _____		Describe the nature of the business _____ _____ _____	Employer identification number Do not include Social Security number or ITIN.
Number _____ Street _____			EIN: _____ - _____
City _____ State _____ ZIP Code _____			Dates business existed From _____ To _____
		Name of accountant or bookkeeper _____ _____ _____	

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
☐ Yes. Fill in the details below.

Date issued _____

Name _____

MM / DD / YYYY

Number _____ Street _____

City _____

State _____

ZIP Code _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x

Signature of Debtor 1

Signature of Debtor 2

Date

8/31/17

Date

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number
(If known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: GM FINANCIAL

Description of property securing debt: Auto

- ☒ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a Reaffirmation Agreement.
☐ Retain the property and [explain]: _____

☒ No
☐ Yes

Creditor's name: UNIVERSAL Auto Special

Description of property securing debt: Auto

- ☒ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a Reaffirmation Agreement.
☐ Retain the property and [explain]: _____

☒ No
☐ Yes

Creditor's name:

Description of property securing debt:

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a Reaffirmation Agreement.
☐ Retain the property and [explain]: _____

☐ No
☐ Yes

Creditor's name:

Description of property securing debt:

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☐ Retain the property and enter into a Reaffirmation Agreement.
☐ Retain the property and [explain]: _____

☐ No
☐ Yes

Debtor 1

TERRENCE CLIFFORD NORWOOD
First Name Middle Name Last Name

Case number (if known)

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

x *Terrence Clifford Norwood*
Signature of Debtor 1

Signature of Debtor 2

Date
MM / DD / YYYY

Date
MM / DD / YYYY